

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000087497

**Entity Name:** ROBERT E. SAFFORD, M.D., LLC

**Current Principal Place of Business:**

229 ISLE WAY LANE  
PONTE VEDRA BEACH, FL 32082

**Current Mailing Address:**

229 ISLE WAY LANE  
PONTE VEDRA BEACH, FL 32082

**FEI Number:** 47-4026039

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SAFFORD, ROBERT E M.D.  
229 ISLE WAY LANE  
PONTE VEDRA BEACH, FL 32082 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** ROBERT E SAFFORD M.D.

01/03/2017

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name SAFFORD, ROBERT E M.D.  
Address 229 ISLE WAY LANE  
City-State-Zip: PONTE VEDRA BEACH FL 32082

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ROBERT E SAFFORD, MD

REGISTERED AGENT

01/03/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date